## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of

RAM-3682-63

**STENLUND** 

Serial No. 10/587,332

Filed: July 26, 2006

Title:

AN ALARM SYSTEM

SEP 0 1 2009

C# M#

TC/A.U.

2612; Conf. No. 6633

Examiner: Wang, Jack K.

Date: September 1, 2009

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

**AMENDMENT** 

This is a response/amendment/letter in the above-identified application and includes an attachment which is hereby incorporated by reference and the signature below serves as the signature to the attachment in the absence of any other signature thereon.

Total effective claims after amendment $20$ minus highest number previously paid for $20$ (at least $20$ ) = $0 \times $52.00$ \$0.00 (1202)/\$0.00 (22	202) (	\$ 0.00
Independent claims after amendment 3 minus highest number previously paid for 3 (at least 3) = 0 x \$220.00 \$0.00 (1201)/\$0.00 (22	201) {	\$ 0.00
If proper multiple dependent claims now added for first time, (ignore improper); add \$390.00 (1203)/\$0.00 (22	203) {	\$
Petition is hereby made to extend the current due date so as to cover the filing date of this paper and attachment(s)  One Month Extension \$130.00 (1251)/\$0.00 (2252) Two Month Extensions \$490.00 (1252)/\$0.00 (2252) Three Month Extensions \$1110.00 (1253/\$0.00 (2252) Four Month Extensions \$1730.00 (1254/\$0.00 (2252) Five Month Extensions \$2160.00 (1255/\$1080.00 (2252))	1) 2) 3) 254)	
Terminal disclaimer enclosed, add \$140.00 (1814)/ \$0.00 (281	14) \$	\$
Applicant claims "small entity" status.   Statement filed herewith		•
Rule 56 Information Disclosure Statement Filing Fee \$180.00 (1806)	6) \$	\$ 0.00
Assignment Recording Fee \$40.00 (802	:1) \$	\$ 0.00
Other:	9	\$ 0.00
TOTAL F	EE \$	\$ 0.00

☐ CREDIT CARD PAYMENT FORM ATTACHED.

The Commissioner is hereby authorized to charge any deficiency, or credit any overpayment, in the fee(s) filed, or asserted to be filed, or which should have been filed herewith (or with any paper hereafter filed in this application by this firm) to our Account No. 14-1140. A duplicate copy of this sheet is attached.

901 North Glebe Road, 11th Floor Arlington, Virginia 22203-1808 Telephone: (703) 816-4000 Facsimile: (703) 816-4100

RAM:drt

NIXON & VANDERHYE P.C.

By Atty: Robert A. Molan, Reg. No. 29,834

Pobert A. Molo Signature:

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Total effective claims after amendment 20 minus highest number previously paid for 20 (at least 20) =x \$52.00 \$0.00 (1202)/\$0.00 (2202) \$ Independent claims after amendment minus highest number previously paid for (at least 3) =x \$220.00 \$0.00 (1201)/\$0.00 (2201) \$ If proper multiple dependent claims now added for first time, (ignore improper); add \$390.00 (1203)/\$0.00 (2203) \$ Petition is hereby made to extend the current due date so as to cover the filing date of this paper and attachment(s) One Month Extension \$130.00 (1251)/\$0.00 (2251) Two Month Extensions \$490.00 (1252)/\$0.00 (2252) Three Month Extensions \$1110.00 (1253/\$0.00 (2253) Four Month Extensions \$1730.00 (1254/\$0.00 (2254) Five Month Extensions \$2160.00 (1255/\$1080.00 (2255) \$ Terminal disclaimer enclosed, add \$140.00 (1814)/\$0.00 (2814) \$ Applicant claims "small entity" status. ☐ Statement filed herewith Rule 56 Information Disclosure Statement Filing Fee \$180.00 (1806) \$

0.00

0.00

0.00

Assignment Recording Fee

\$40.00 (8021)

0.00

Other:

.

0.00

Other.

TOTAL FEE \$ 0.00

\$

\$

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Signature:

: Pobert A. Molon